

MULTIPLE-DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585017

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3			/		/		53						
4			/		/		54						
5	/		/				55						
6			/		/		56						
7			/		/		57						
8	/		/				58						
9			/		/		59						
10			/		/		60						
11	/		/				61						
12	/		/				62						
13	/		/				63						
14			/		/		64						
15			/		/		65						
16	/		/				66						
17			/		/		67						
18			/		/		68						
19	69						69						
20	79						70						
21	79						71						
22	79						72						
23	79						73						
24	79						74						
25	79						75						
26	79						76						
27	79						77						
28	79						78						
29	79						79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			8										
TOTAL DEP.			21										
TOTAL CLAIMS			29										